

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY
CONVEYING PARTY DATA	
Name	Execution Date
Harris Bank	10/01/2012
RECEIVING PARTY DATA	
Name:	Hinda, Inc.
Street Address:	2440 W. 34th Street
City:	Chicago
State/Country:	ILLINOIS
Postal Code:	60608
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	7152042
CORRESPONDENCE DATA	
Fax Number:	3122672191
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Email:	rfloren@hmbllaw.com
Correspondent Name:	Rebecca Floren
Address Line 1:	500 W. Madison Street
Address Line 2:	Suite 3700
Address Line 4:	Chicago, ILLINOIS 60661
NAME OF SUBMITTER:	Rebecca Floren
	This document serves as an Oath/Declaration (37 CFR 1.63).
Total Attachments: 2	
source=UCC Financing Statements (Harris)#page1.tif	
source=UCC Financing Statements (Harris)#page2.tif	

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

CT Lien Solutions
Representation of filing

This filing is Completed
File Number : 01824334
File Date : 01-Oct-2012

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: 312-461-5465 Fax: 312-293-4661	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) BMO Harris Bank N.A. 115 S. LaSalle Street 17W Chicago IL, 60603	
35002782 ILIL	
24696 - BMO HARRIS BANK, N.A.	
File with: Secretary of State, IL	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 015454326 7/22/2010 SS IL				1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>									
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.													
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.													
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.													
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b and also item 7c; also complete items 7e-7g (if applicable).													
6. CURRENT RECORD INFORMATION:													
6a. ORGANIZATION'S NAME													
OR													
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX							
7. CHANGED (NEW) OR ADDED INFORMATION:													
7a. ORGANIZATION'S NAME													
OR													
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX							
7c. MAILING ADDRESS						CITY		STATE		POSTAL CODE		COUNTRY	
7d. <u>SEE INSTRUCTIONS</u>		ADD'L INFO RE ORGANIZATION DEBTOR		7e. TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE			
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.													

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.							
9a. ORGANIZATION'S NAME BMO HARRIS BANK N.A.							
OR							
9b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
10. OPTIONAL FILER REFERENCE DATA 35002782							
Debtor Name: HINDA, INC. 03140							

RECEIVED
SECRETARY OF STATE
UNIFORM COMMERCIAL CODE DIV.

2010 JUL 22 PM 1:13

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CSC



UC559576

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCU107/22/10:02:6956:

SOSIL 14:01 15454326 FS

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (Last/First) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

HINDA, INC.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2440 W. 34TH STREET

CHICAGO

IL

60608-5134

USA

1d. SECURED PARTIES

ADDITIONAL INFO RE ORGANIZATION

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID # (if any)

CORPORATION ILLINOIS

IL 49639791

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (Last/First) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SECURED PARTIES

ADDITIONAL INFO RE ORGANIZATION

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID # (if any)

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR(S) - Insert only one secured party name (Last/First)

3a. ORGANIZATION'S NAME

HARRIS N.A.

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

111 WEST MONROE STREET

CHICAGO

IL

60603

USA

4. THIS FINANCING STATEMENT covers the following collateral:

All right, title and interest in and to all personal property and fixtures of the Debtor, whether now owned or existing or hereafter created, acquired or arising.

5. ALTERNATIVE DESIGNATION (if applicable) LESSOR/LESSOR CONSIGNEE/CONSIGNOR DRAFTER/DRAFTER SELLER/BUYER AS LIEN WIDAL/UC FINANCING

6. THIS FINANCING STATEMENT is to be filed (or returned) (or recorded) in the PUBLIC 7. Check to ADJUST SEARCH REPORT (S) on Debtor(s) STATE RECORDS (if applicable) INTERNATIONAL FEE (if applicable) All Debtors Debtor 1 Debtor 2

8. CP/DMAL FILE REFERENCE DATA

To be filed with the Illinois Secretary of State

Add'l Pages: 0

454809-1 DIB

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/2002)

HYnda, Inc., pdf

UCC1107PAT - UCC/UCR117 System Online